

What is “known”?

- State level measures of quality
- Measures of patient satisfaction
- Service volumes
- Agency-level quality data

NHQR Home Health Measures

| Full NHQR Measure Title |
|--|
| Percent of home health care patients who get better at taking their medicines correctly (by mouth) |
| Percent of home health care patients who get better at bathing |
| Percent of home health care patients who get better at getting in and out of bed |
| Percent of home health care patients who get better at walking or moving around |
| Percent of home health care patients who have less pain when moving around |
| Percent of home health care patients who have less shortness of breath |
| Percent of home health care patients who have less urinary incontinence |
| Percent of home health care patients who had to be admitted to the hospital |
| Percent of home health care patients who needed urgent, unplanned medical care |
| Percent of home health care patients who stay home after home health care ends |

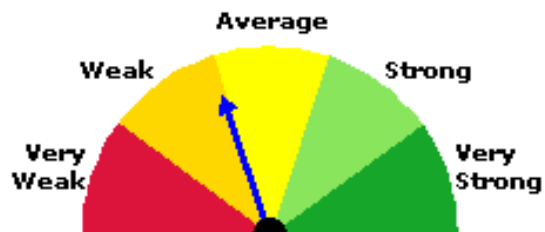
Types of Care

Average

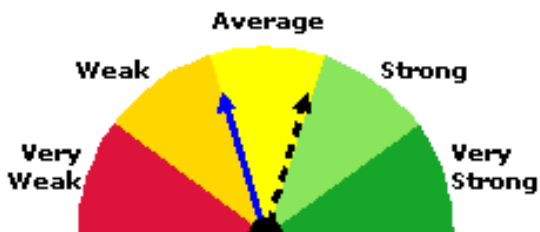
Average

Average

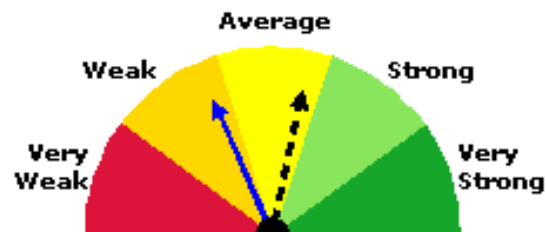
Settings of Care



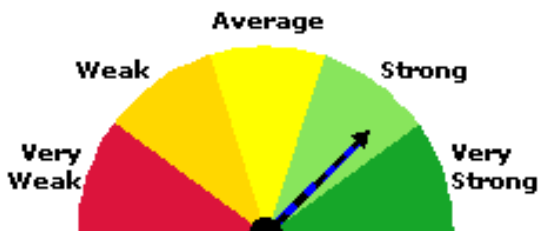
Performance Meter:
Hospital Care Measures



Performance Meter:
Ambulatory Care Measures



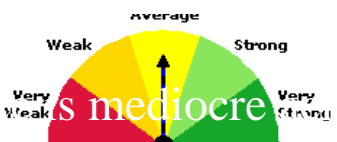
Performance Meter:
Nursing Home Care Measures



Performance Meter:
Home Health Care Measures



Performance Meter:
Cancer Measures



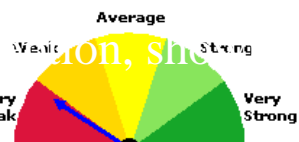
Performance Meter:
Diabetes Measures



Performance Meter:
Heart Disease Measures



Performance Meter:
Maternal and Child Health Measures



Performance Meter:
Respiratory Diseases Measures

— = Most Recent Data Year
- - - - = Baseline Year

Patient / family satisfaction: measures are needed

- Maryland has been a pioneer in conducting nursing home family satisfaction surveys and in public reporting of the results
- A similar effort is under consideration for home health services

Maryland has strikingly fewer HHA's per 100,000 beneficiaries

Table 1: Medicare-Certified Home Health Agencies (per 100,000 beneficiaries), 2003, 2005

| | 2003 | 2005 |
|----------------------|------|------|
| Maryland | 7 | 7 |
| Delaware | 12 | 13 |
| District of Columbia | 18 | 29 |
| Pennsylvania | 14 | 14 |
| Virginia | 17 | 17 |
| West Virginia | 20 | 17 |
| United States | 18 | 19 |

Comparing the supply and utilization of Medicare-certified home health agencies in Maryland with that of selected states and the United States are noted below, and are based on national data presented in two sources published by the AARP Public Policy Institute: *Reforming the Health Care System: State Profiles, 2003 and 2005*; and *Across the States: Profiles of Long-Term Care and Independent Living, 2006*.

% of beneficiaries using HH is average

Table 2: Medicare Home Health Users (percent of Medicare beneficiaries), 2001, 2004, 2005

| | 2001 | 2004 | 2005 |
|----------------------|------|------|------|
| Maryland | 6.9 | 7.2 | 7.0 |
| Delaware | 7.7 | 7.7 | 7.5 |
| District of Columbia | 7.2 | 6.0 | 5.7 |
| Pennsylvania | 9.2 | 9.4 | 7.4 |
| Virginia | 7.0 | 7.6 | 7.6 |
| West Virginia | 5.6 | 5.9 | 5.5 |
| United States | 7.3 | 8.0 | 7.3 |

Visits per person served is quite low

Table 3: Medicare Home Health Agency Visits per Person Served (Average), 2001, 2004, 2005

| | 2001 | 2004 | 2005 |
|----------------------|------|------|------|
| Maryland | 21 | 20 | 17 |
| Delaware | 26 | 23 | 18 |
| District of Columbia | 22 | 24 | 19 |
| Pennsylvania | 25 | 24 | 20 |
| Virginia | 27 | 25 | 22 |
| West Virginia | 26 | 23 | 20 |
| United States | 30 | 30 | 27 |

AMEDISYS HOME HEALTH OF MARYLAND

808 LANDMARK DRIVE, SUITE 231
 GLEN BURNIE, MD 21061
 (410) 590-4926

Type of Ownership: Proprietary

Agency's Initial Date of Medicare Certification: 6/28/1984

Medicare-covered Services:

Nursing Care Services: Yes

Physical Therapy Services: Yes

Occupational Therapy Services: Yes

Speech Pathology Services: Yes

Medical Social Services: Yes

Home Health Aide Services: Yes

| Quality Measures | Percentage for AMEDISYS HOME HEALTH OF MARYLAND | State Average | National Average |
|---|---|---------------|------------------|
| HIGHER PERCENTAGES ARE BETTER | | | |
| Percentage of patients who get better at walking or moving around | 53% | 42% | 43% |
| Percentage of patients who get better at getting in and out of bed | 58% | 57% | 54% |
| Percentage of patients who have less pain when moving around | 70% | 64% | 64% |
| Percentage of patients whose bladder control improves | 65% | 54% | 50% |
| Percentage of patients who get better at bathing | 76% | 63% | 65% |
| Percentage of patients who get better at taking their medicines correctly (by mouth) | 41% | 42% | 43% |
| Percentage of patients who are short of breath less often | 72% | 67% | 61% |
| Percentage of patients who stay at home after an episode of home health care ends | 73% | 72% | 68% |
| NEW! Percentage of patients whose wounds improved or healed after an operation | 80% | 74% | 79% |
| LOWER PERCENTAGES ARE BETTER | | | |
| Percentage of patients who had to be admitted to the hospital | 25% | 25% | 28% |
| Percentage of patients who need urgent, unplanned medical care | 24% | 23% | 21% |
| NEW! Percentage of patients who need unplanned medical care related to a wound that is new, is worse, or has become infected | 1% | 1% | 1% |

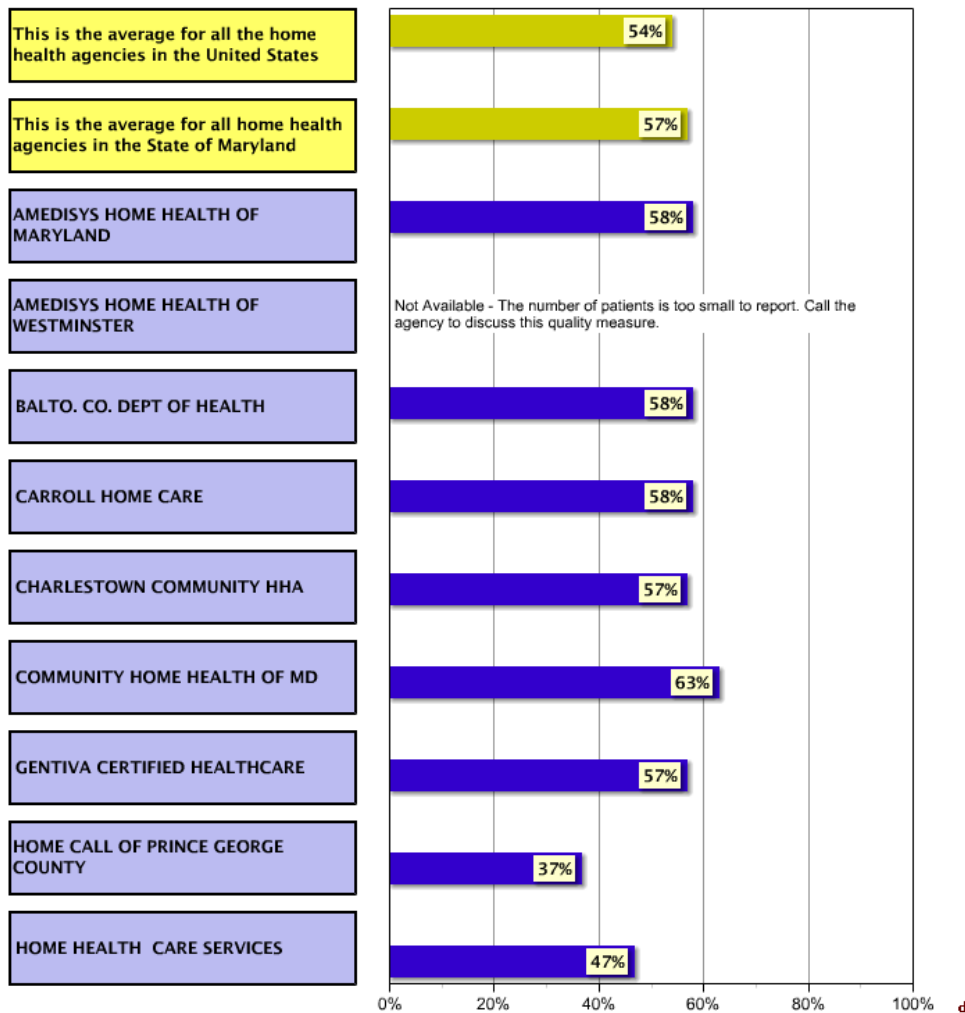


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Percentage of patients who get better at getting in and out of bed



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Existing quality data

- Are the quality distinctions meaningful?
- Are these data robust enough to serve as:
 - a test for licensure?
 - a justification for delicensure?

Options for Discussion

- Goals to guide alternative process:
 - Document and maintain high quality of HHA services
 - Assess and assure quality of RSA services
 - Expectation: quality of RSA services = quality of HHA services
 - Promote competition on the basis of quality, innovation, satisfaction
 - Assure that HHA applicants have a track record (clinical quality, satisfaction, financial strength)
 - Use quality, satisfaction, and service volume data in making licensure and re-licensure decisions

Possible Requirements for Entry

(Home Health Agency)

- Financial requirements
 - Initial application fee
 - High bonding requirement
- Management experience, business plan
- Experience in other jurisdictions
- Experience serving non-Medicare patients
 - CMS cases using OASIS
 - More extensive period of provisional licensure / “RSA” status
 - High performance, satisfaction, and/or service volume requirements
- Accreditation
 - Can this be required on entry? What agencies would have the necessary experience?
 - Accreditation fees may serve as an additional financial requirement

Possible Requirements for Continued Licensure

■ Financial requirements

- Renewal fee
- High bonding requirement

■ Quality and satisfaction indicators

- CMS measures (lag time?)
- Complaint records
- Satisfaction surveys

■ Volume requirements

- Perhaps the most “objective” – but do volumes bear a reasonable relationship to quality / outcomes?

■ Accreditation

- May serve to show strong business commitment to meet performance and financial investment requirements.

■ Competitive relicensure (versus a “standard”)